

## Participant Minor Injury/Incident Report

**Total # of Pages**  
(including Form)

<input type="checkbox"/> Participant Injury	<input type="checkbox"/> Incident	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Theft	<input type="checkbox"/> Aggressive Behaviour	<input type="checkbox"/> Other:
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Centre/Facility:	District:	Region:	Date of Report <small>Day // Month // Year</small>
Name of Participant		Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Telephone:	

**Situation Details**

Date of Occurrence <small>Day // Month // Year</small>	Time of Occurrence: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location/Room:
Activity participant was engaged in: (Program Name)		Weather Conditions: <input type="checkbox"/> N/A
Situation was reported by: <input type="checkbox"/> participant <input type="checkbox"/> witness <input type="checkbox"/> staff person <input type="checkbox"/> other		Name of person situation was report to:
Situation was reported to: <input type="checkbox"/> staff	<input type="checkbox"/> permit holder	<input type="checkbox"/> police (badge # ) <input type="checkbox"/> other
Time Reported: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

Description of Injury/Incident:			
First Aid or Care Given:			
911/EMS called: <input type="checkbox"/> no <input type="checkbox"/> yes	Time of EMS call: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	On-call staff notified: <input type="checkbox"/> no <input type="checkbox"/> yes	Name:
Staff Person Providing Care/Direction to Participant:			Employee Position:

**Witness Information**

**(Note: All non-staff witnesses must be read or have the Notice of Collection Statement (see bottom of Page 2) made available to them prior to recording their information on this form.)**

Did staff person witness situation: <input type="checkbox"/> no <input type="checkbox"/> yes    ➔ if yes, name of staff person(s):			
Witness #1	Name:	Phone: (H)	(B)
Witness #2	Name:	Phone: (H)	(B)

**Follow-up**

Other key staff informed concerning this situation:	Name:	Position:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Name:	Position:	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Follow-up action taken: (E.g.: parent notified, medical attention recommended, repairs requested)			

Report completed by: (print name)	Signature:	Date:
Full-time staff reviewing the report:	Signature:	Date:
Supervisor of Recreation & Facilities:	Signature:	Date:
Attach additional pages, information, or reports to this form as required. Please forward the signed & completed form to the Manager of Management Services for the Recreation Branch.		

Please use this space to document additional factual information concerning the incident as necessary.

**Notice of Collection Statement**

The personal information on this form is collected under the authority of the city of Toronto Act, 1997, Municipal Act, 2001, S.O. 2001, c.25, s. 11(2) and 227(c) and Article VIII of Chapter 169 of the Municipal Code. The information is used to document details and report incidents that occur when assisting a Parks, Forestry and Recreation participant by staff. Questions about this collection can be directed to the Director of Community Recreation at North York Civic Centre, 3<sup>rd</sup> Floor, Toronto, M2N 5V7, or by telephone at 416-392-1905.

**Records Retention**

This form, together with any attachments, must be retained in a secured area for a minimum of 2 years under the authority of the City of Toronto Records Retention By-law 989-2004. For more information, contact Corporate Records and Archives Services.